

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$100.00 for date of service, 03/26/02.
- b. The request was received on 08/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. HCFA 1500
 2. EOB
 3. Request for reconsideration dated 06/05/02
 - b. Additional documentation requested on 08/19/02 and received on 09/03/02
 1. Position statement dated 08/27/02
 2. HCFA 1500 for date of service **09/26/01**, showing billing for “cervical hometrac traction”
 3. EOB for date of service **09/26/01**, showing Carrier reimbursement for “cervical hometrac traction”
 4. Example EOBs from other Carriers
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor’s 14 day response to the insurance carrier on 09/05/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/12/02. The response from the insurance carrier was received in the Division on 09/25/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of “A letter Requesting Additional Information” is reflected as Exhibit III of the Commission’s case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 08/27/02

“The disputed issue is that the Carrier has paid \$150.00 for the item stating F – reduced according to Fee Guidelines. We resubmitted the claim to the Carrier requesting additional payment. The Carrier did not respond to our reconsideration request per Rule 133.304. The expected out come [sic] of this issue is that we feel the claim should be paid in full. In accordance with DME Ground Rules Section IX c states invoices should be billed at the provider’s usual and customary rate. Reimbursement shall be an amount pre-negotiated between the provider and carrier or if no pre-negotiated amount, the fair and reasonable rate. We have billed the Carrier our usual and customary rate and have provided the Carrier with examples of audit sheets and/or copies of checks where other carriers in this area have established the \$250.00 for the rental of the cervical traction unit as a fair and reasonable amount as the Commission has not established a MAR for this procedure.”

2. Respondent: Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/26/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$250.00 for services rendered on the above date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$150.00 for services rendered on the above date in dispute.
5. Carrier’s EOB denies additional payment as, “F – Reduced According to Fee Guideline”.
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$100.00 for services rendered on the date of service in dispute.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/26/02	E1399	\$250.00	\$150.00	F	DOP	TWCC Rule 133.304 (c);	The Requestor has submitted a HCFA 1500 and Carrier EOB indicating the Carrier had reimburse the Requestor at the billed amount 6 months earlier. Additionally, TWCC Rule 133.304 states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier's response is untimely and their EOB does not address or support their denial for this CPT Code. Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$100.00 is recommended.
Totals		\$250.00	\$150.00				The Requestor is entitled to reimbursement in the amount of \$100.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$100.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14th day of January 2003.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division
 DT/dt